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PTO/SB/21 (08-03)

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TRANSMITTAL
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/762,806
Filing Date	09/19/2001
First Named Inventor	Christian Eckes
Art Unit	2824
Examiner Name	Desire, Gregory M.
Attorney Docket Number	GRUNP10

Certificate

DEC 12 2006

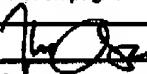
of Correction

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Certificate of Correction
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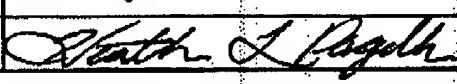
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	IP Strategies Thomas M. Champagne
Signature	
Date	12/05/2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Heather L. Pagella
Signature	
	Date 12/05/2006

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PTO/SB/17 (12-04V2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 100.00)

Complete If Known

Application Number 08/762,808

Filing Date 08/19/2001

First Named Inventor Christian Eckes

Examiner Name Desire, Gregory M.

Art Unit 2624

Attorney Docket No. GRUNP10

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DEC 05 2006**METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 501998 Deposit Account Name IP Strategies

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims Extra Claims Fee (\$)

360

180

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Total Dependent Claims Fee (\$)

Fee (\$)

Fee Paid (\$)

Signature	Registration No. (Attorney/Agent)	Telephone
Thomas M. Champagne	38,478	828-253-8600

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PTO/SB/44 (04-05)

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UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTIONPage 1 of 1

PATENT NO. : 7,113,641
APPLICATION NO.: 09/762,806
ISSUE DATE : 09/26/2006
INVENTOR(S) : Christian Eckes, et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Inventors,
change "Goetiestrasse 33, 61462 Koenigstein" to --Goethestrasse, 33 61462 Königstein--

Inventors,
change "Christoph Von Der Malsburg" to --Christoph von der Malsburg--

Inventors,
change "Velestrasse" to --Velastrasse--

MAILING ADDRESS OF SENDER (Please do not use customer number below):

12 1/2 Wall Street
Suite 1
Asheville, NC 28801

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